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140 7590 01/04/2007 LADAS & PARRY			EXAMINER	
26 WEST 61ST STREET			CLAYTOR, DEIRDRE RENEE	
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U.S. Patent and Trademark Office PTOL-326 (Rev. 08-06)

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6) Other:

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#### **DETAILED ACTION**

Applicant's response to the Office Action mailed on 5/17/2006 is hereby acknowledged. Applicant's election of the galanthamine species is acknowledged. Claims 1, 3-4 and 37-39 are being examined on their merits herein. Claims 5-36 are withdrawn from consideration. Due to the Election/Restriction requirement made in the previous Office Action, this application is being treated as a Non-final action.

## Claim Rejections - 35 USC § 112

The following is a quotation of the first paragraph of 35 U.S.C. 112:

The specification shall contain a written description of the invention, and of the manner and process of making and using it, in such full, clear, concise, and exact terms as to enable any person skilled in the art to which it pertains, or with which it is most nearly connected, to make and use the same and shall set forth the best mode contemplated by the inventor of carrying out his invention.

Claims 1, 3-4, and 37-39 are rejected under 35 U.S.C. 112, first paragraph, as failing to comply with the written description requirement. The claim(s) contains subject matter which was not described in the specification in such a way as to reasonably convey to one skilled in the relevant art that the inventor(s), at the time the application was filed, had possession of the claimed invention. The Amendment to the claims in which it is stated "...other than one diagnosed as suffering from Alzheimer's disease...." is not supported in the specification and is considered new matter.

Claims 1, 3-4 and 37-39 are rejected under 35 U.S.C. 112, first paragraph, because the specification, while being enabling for treating the effects of low LDL-

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cholesterol values in the brain on cognitive performance or other central nervous system functions (claims 1, 3-4 and 38) and treating neuromuscular dysfunction (claims 37 and 39) with nicotinic allosteric potentiators, namely galanthamine, does not reasonably provide enablement for treating the effects of low LDL-cholesterol values in the brain on cognitive performance or other central nervous system functions with all nicotinic allosteric potentiators, acetylcholinesterase inhibitors, nicotine, or nicotine agonists. The specification does not enable any person skilled in the art to which it pertains, or with which it is most nearly connected, to use the invention commensurate in scope with these claims.

The instant specification fails to provide information that would allow the skilled artisan to practice the instant invention without undue experimentation. Attention is directed to *In re Wands*, 8 USPQ2d 1400 (CAFC 1988) at 1404 where the court set forth the eight factors to consider when assessing if a disclosure would have required undue experimentation. Citing *Ex parte Forman*, 230 USPQ 546 (BdApls 1986) at 547 the court recited eight factors: (1) the nature of the invention; (2) the state of the prior art; (3) the relative skill of those in the art; (4) the predictability or unpredictability of the art; (5) the breadth of the claims; (6) the amount of direction or guidance presented; (7) the presence or absence of working examples; and (8) the quantity of experimentation necessary.

(1) The Nature of the Invention: The rejected claims 1, 3-4 and 37-39 are drawn to a method for treating cognitive performance or other central nervous system dysfunctions (claims 1, 3-4 and 38) and neuromuscular dysfunction (claims 37 and 39)

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caused by low LDL-cholesterol values in the brain by modulating nicotinic receptors by administration of nicotinic allosteric potentiators, acetylcholinesterase inhibitors, nicotine, and nicotinic agonists.

- (2) The state of the prior art: The state of the art regarding treating cognitive performance or other central nervous system dysfunctions and neuromuscular dysfunction caused by low LDL-cholesterol in the brain by modulating nicotinic receptors by administration of nicotinic allosteric potentiators, acetylcholinesterase inhibitors, nicotine, and nicotinic agonists is not well described.
- (3) The relative skill of those in the art: The relative skill of those in the art is high.
- (4) The breadth of the claims: Claims 1, 3-4 and 37-39 embrace a method for treating cognitive performance or other central nervous system dysfunctions and neuromuscular dysfunction caused by low LDL-cholesterol values in the brain by modulating nicotinic receptors by administering nicotinic allosteric potentiators, acetylcholinesterase inhibitors, nicotine, and nicotinic agonists. The claims are considered very broad because the claims are directed to methods for treating any cognitive performance or other CNS function or any neuromuscular dysfunction caused by low LDL-cholesterol values in the brain, without specifying which dysfunction or disease is being treated.
- (5) The amount of guidance or direction presented: In the instant case, the specification discusses the use of nicotinic modulators to be used in the present invention without actual instruction. The specification is enabled for the administration

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of drugs that modulate nicotinic receptors in patients receiving statin therapy. However, the specification provides no working examples of treating all cognitive impairments or all neuromuscular dysfunctions caused by low brain LDL by modulating nicotinic receptors by administration of nicotinic allosteric potentiators, acetycholinesterase inhibitors, nicotine, or nicotine agonists. Note that lack of a working example is a critical factor to be considered, especially in a case involving an unpredictable and undeveloped art. See MPEP § 2164.

- (6) The presence or absence of working examples: Applicant's disclose several nicotinic modulators for use in this invention; however, there are no working examples proving their actual effects on cognitive performance or neuromuscular dysfunction.
- (7) The quantitation of experimentation necessary: As stated above, the rejected claims 1, 3-4 and 37-39 are drawn to a method for treating cognitive performance or other central nervous system dysfunction and neuromuscular dysfunction caused by low LDL-cholesterol values in the brain by modulating nicotinic receptors by administration of nicotinic allosteric potentiators, acetylcholinesterase inhibitors, nicotine and nicotinic agonists. The specification provides no working examples that nicotinic modulators will effectively treat cognitive performance.

  Applicant fails to provide information sufficient to practice the claimed invention, absent undue experimentation. Genetech, 108 F.3d at 1366 states that "a patent is not a hunting license. It is not a reward for search, but compensation for its successful

conclusion" and "patent protection is granted in return for an enabling disclosure of an

invention, not for vague intimations of general ideas that may or may not be workable".

The following is a quotation of the second paragraph of 35 U.S.C. 112:

The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

Claims 1, 3-4 and 37-39 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

In claim 1, the recitation of "treating the effects of low LDL-cholesterol values in the brain on cognitive performance or other central nervous system functions..." and in claim 37, the recitation of "treating neuromuscular dysfunction resulting from the use of HMG-CoA reductase inhibitors..." render the claims ambiguous. It is not clear as to what conditions or dysfunctions the Applicant is referring to or what type of effects Applicant is referring to (claim 1). The specification fails to describe the metes and bounds of these claims, accordingly clarification is needed.

# Claim Rejections – 35 USC § 103

The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

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Claims 1, 3-4 and 37-39 are rejected under 35 U.S.C. 103(a) as being unpatentable over Davis et al. (U.S. Patent #4,663,318) in view of Kivipelto (BMJ (2001) 322: 1447-1451) and Simons et al. (Neurology (2001) 57: 1089-1093).

Davis et al. teach that galanthamine is useful for the treatment of Alzheimer's disease (see whole document).

Davis et al. does not teach the use of galanthamine for treating the effects of low LDL-cholesterol caused by statins.

Kivipelto et al. teaches that high serum cholesterol increases the risk of Alzheimer's disease (pg. 1449, first paragraph and Table 2).

Simons et al. teach that there is a decreased prevalence of Alzheimer's disease associated with the use of statins (pg. 1091, paragraph 2). It is taught that statins cross the blood-brain barrier and decrease de novo cholesterol synthesis by inhibiting HMG-CoA reductase (pg. 1091, paragraph 2).

It would be obvious to one having ordinary skill in the art at the time of the invention to add to the drug regimen of an elderly patient that suffers from a cognitive disorder and is taking statins for hypercholesteremia, an effective amount of galanthamine to improve cognitive behavior because Davis teaches that galanthamine is effective in treating Alzheimer's disease, which is a disease of cognitive impairment. One would have been motivated to do so because the prior art teaches that high levels of cholesterol and Alzheimer's disease are related (as taught by Kivipelto), and that patients receiving statins for hypercholesteremia have a lower incidence of Alzheimer's

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disease (as taught by Simons); therefore, one would have a reasonable expectation of success with treatment of galanthamine for a cognitive disorder.

Furthermore, Applicant has not provided any evidence showing the criticality of cholesterol levels at 109 mg/dl. Accordingly, identifying suitable patients by observing their cholesterol levels during hypercholesteremia treatment would be achieved by routine experimentation.

## Conclusion

No claims are allowed.

### **Contact Information**

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Renee Claytor whose telephone number is 571-272-8394. The examiner can normally be reached on M-F 8:00-4:30.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Sreeni Padmanabhan can be reached on 571-272-0629. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

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Renee Claytor

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